

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40	/					
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48	/					
49		/				
50		/				
TOTAL IND.	3					
TOTAL DEP.	97					
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
55		/	/	/		
56		/	/	/		
57		/	/	/		
58		/		/		
59	/			/		
60	/			/		
61		/		/		
62		/	/	/		
63		/	/	/		
64		/		/		
65		/		/		
66		/		/		
67		/		/		
68		/		/		
69		/		/		
70		/		/		
71		/		/		
72		/		/		
73	/			/		
74		/		/		
75	/			/		
76		/	/	/		
77		/		/		
78	/			/		
79		/		/		
80		/	/	/		
81		/		/		
82		/		/		
83		/		/		
84	/			/		
85		/		/		
86		/		/		
87		/		/		
88	/			/		
89	/			/		
90		/		/		
91	/		/	/		
92	/			/		
93		/		/		
94	/			/		
95		/		/		
96		/		/		
97	/			/		
98		/		/		
99		/		/		
100		/		/		
TOTAL IND.	12		8			
TOTAL DEP.	38		32			
TOTAL CLAIMS	50		45			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS